

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213554512			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Association for the Advancement of MedicalInstrumentation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARY LOGAN 4301 N FAIRFAX DR STE 301 ARLINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: 07312721</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4301 N. FAIRFAX DR. SUITE 301</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22203</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY LOGAN TITLE: PRESIDENT ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY LOGAN TITLE: PRESIDENT ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY LOGAN TITLE: PRESIDENT ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: CAROL DAVIS-SMITH TITLE: DIRECTOR ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: EAMONN HOXEY TITLE: VICE CHAIRMAN ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	PAUL KELLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	RAY LAXTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	KENNETH MADDOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 N FAIRFAX DR STE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	DAVID OSBORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	TAMMY PELNIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 N FAIRFAX DR STE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	WILLIAM GLENN SCALES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	NATHANIEL SIMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	VICKIE SNYDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 N FAIRFAX DR STE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MATTHEW WEINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	STEVEN YELTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4301 N. FAIRFAX DR. SUITE 301		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michelle McMurry-Heath VICE CHAIRMAN 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Timothy Vanderveen DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sue Schade DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Shrader DIRECTOR 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Scholla Chair Elect 4301 N. FAIRFAX DR. SUITE 301 ARLINGTON, VA 22203	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARY LOGAN		MARY LOGAN, PRESIDENT		11/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					